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| CLAIMS ONLY | SERIAL NO. <div style="border: 1px solid black; height: 15px; width: 100%;"></div> | FILING DATE <div style="border: 1px solid black; height: 15px; width: 100%;"></div> |
| APPLICANT(S) <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | |

| CLAIMS | | | | | | | | | | | | | |
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| TOTAL DEP. | | ↓ | | ↓ | | ↓ | | | ↓ | | ↓ | | ↓ |
| TOTAL CLAIMS | | | | | | | | | | | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS